PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Nun	nber	0119-013	
			First Named Inventor	T	Adam Zadok	
			COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number		1		
☑Declaration Submitted With Initial Filing	OR	Filing (surcharge	Filing Date	here	ewith	
			Group Art Unit			
		(37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
SUPPORT FOR HAND HELD CAMERA										
the specification of which	(Title of th	e Invention)								
is attached hereto										
OR										
was filed on (MM/DD/YYYY)		as United States App	olication Number or	PCT Internation	al					
Application Number	and	was amended on (MM/DD/Y)	YY)		(if applicable).					
I hereby state that I have reviewed and unde specifically referred to above.	erstand the conten	its of the above identified spe	cification, including	the claims as an	nended					
l acknowledge the duty to disclose information applications, material information which becaunt international filing date of the continuation-in	ame available bet									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s) Co	ountry	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Cop	y Attached?					
Number(s)	rana y	(Minibb/1111) Country		YES	NO					
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			L							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										

[Page 1 of 2]

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12825 High Shuff Orive Suite 203				***************************************	
Address					
Şan Diego	CA			92130	
City	State			ZIP	
USA .		(858) 950-1		668) 350-857C	1
Country		Talaphor		Fax	
I hereby declare that all sustements must herein of any ow believed to be tury, and further that these sistements were punishable by fine or imprisonment, or both, under 18 U.S. application or any patent issued thereon.	made with the k	nowiedga tha	al willfut felse :	statements and the like so mad	te are
NAME OF SOLE OR FIRST INVENTOR:	A peti	tion has b	en filed fo	or this unsigned invento	<u> </u>
Given Name Adam (first and middle lifeny))		Family or Sun		edok	
inventor's Signature		4	Date		
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Residence: City	State		Country	Citizenship	
1623 S. 56 th Court					
Mailing Address					
Cicero	Illinois	8	50804	USA	~~~
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NAME OF SECOND INVENTOR: A	pelition has t	een filed	for this une	signed Inventor	
Given Name (first and middle lif anvi)		Family			
inventor's Signature			ijaja		
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Residence: City	Stee		SHIPSTY	Citizenship	
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Additional inventors are being marted on the	supplemental	Additional In	wonter(s) she	el(a) PTO/SB/QZA etteched her	reto.

[Page 2 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numb or Bar Code Lab	1	29502		OR	Correspondance address below			
Freling E. Baker								
Name								
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San Diego	CA			9	2130			
City	State			Z	IP			
USA		(858) 35	0-9520		858) 350-9570			
Country		Teleph	one		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	A petiti	on has	been f	iled for t	his unsigned inventor			
Given Name Adam (first and middle [if any])			ily Nam urname		ok .			
Inventor's								
Signature	·			Date				
Cicero	Illinois		USA		Italy			
Residence: City	State		Count	try	Citizenship			
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Mailing Address								
Cicero	Illinois		60804	,	USA			
City	State		Zip		Country			
NAME OF SECOND INVENTOR: A po	etition has be	een file	d for th	is unsig	ned inventor			
Given Name (first and middle [if any])			ily Nam urname	e 				
Inventor's								
Signature				Date				
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Mailing Address								
City	State		Zip		Country			
Additional inventors are being named on the	supplemental A	Additional	inventor	(s) sheet(s) PTO/SB/02A attached hereto.			

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Telephone		(855) 360-3620		Fav	EISH) 560-9	370			
Aseig:		or the antire interest. So CFR 3.73(b) is enclosed	. (Form PT	0/86/96		70.00			
SIGNATURE of Applicant or Assigned of Record									
Name	Adam Zadok								
Signature	Clare sells								
Submit multi	<u>ple forms if i</u>	the inventors or assignation	e is require	o of the	entire intere	est or	(freir re	cresentative	(s) are required,
"Total of	TOTIN.	s are submitted.							

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0119-013

PTO/SB/81 (02-01)

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Attorney Docket Number

I hereby appoint:								
☑ Practitioners at Customer Number 29502 OR						Bar Code ere		
☑ Practitio	ner(s) nan	ned below:						
		Name Registration Number						
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<u> </u>		Michael P. Eddy		42,5	505			
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F								
as mv/our at	torney(s)	or agent(s) to prosecute the application	identifie	d above, and to t	ransact a	Il business in the	Patent and	
Trademark (Office conr	nected therewith.						
Please cha	nge the co	orrespondence address for the above-i	dentified	application to:			_	
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Practitio OR	ners at Cu	stomer Number						
Firm or	al Name	Freling E. Baker						
Address		12625 High Bluff Drive Suite 203						
Address								
City		San Diego	State	CA	ZIP	92130		
Country		USA						
Telephone		(858) 350-9520	Fax	1858) 350-9570			<u>.</u>	
I am the:								
Applic	ant/invent	or.						
Assignee of record of the entire interest. See 37 CFR 3.71.								
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
		SIGNATURE of Applic	ant or A	ssignee of Reco	ord			
Name	Adam Zadok							
Signature								
Date								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Submit multi		if more than one signature is require ms are submitted.	u, see D	EIOW .				

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